## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AS FILED AFTER 1" AMENDMENT AS FILED 2 ™ AMENDMENT AFTER I"AMENDMENT IND. DEP. 2 AMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. - 31 TOTAL IND. TOTAL IND. TOTAL DEP

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